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THE ASSINIBOINE PSYCHOLOGICAL GROUP
[redacted for public archive]

Registered Clinical Psychologist
Vivienne C. Rowan, Ph.D., C.Psych.

Date: September 7, 2006
To: Ms. Elaine [name redacted for public archive]

[name redacted for public archive] – Claim #VC 2006-610

Dear Ms. Elliott,

Ms. B. [redacted for public archive] was seen on August 8, 2006 for an initial assessment. Based on information collected during the clinical interview and the results of psychological measures she completed, the following treatment plan was developed to address the presenting trauma related problems.

Ms. B. [redacted for public archive] will receive Cognitive Behavior Therapy involving the following treatment components: education about symptoms, anxiety coping techniques, sleep hygiene, and lifestyle modification and management. One of the goals of treatment is to have her return to work in the near future. More specifically, we plan to see her twice a week for the first two weeks in order to acquire necessary background information. Following this period, we will implement intensive cognitive behavior therapy which will involve approximately six to eight 1.5 hour long sessions.

We recommend that her case manager join our sessions in the therapy follow-up phase to assist Ms. B. [redacted for public archive] in maintaining her treatment gains. Our clinic offers this service free of charge to individuals in client oriented helping professions. If you have any questions or want more detail regarding our assessment results and treatment plan, please contact us.

Yours truly,

Lisa Schwartzman, MA, C.Psych Cand.
Behavior Therapist

Vivienne Rowan, Ph.D., C.Psych.
Supervising Clinical Psychologist

IMAGE 2 — *Treatment progress / functional impact*

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Axis III:
Right shoulder and wrist pain. Back and abdominal problems.

Axis IV:
Problems related to interaction with the legal system/crime

Axis V:
GAF = 50 (current)

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5) Treatment plan and response to date:
Ms. B. [redacted for public archive] has been receiving cognitive behavior therapy involving the following treatment components: education about symptoms, anxiety coping techniques, sleep hygiene strategies, exposure therapy for traumatic events, and lifestyle modification and management.

Ms. B. [redacted for public archive] appears to be motivated for treatment. She acknowledges that she has some important problems and she recognizes that she needs help in dealing with these problems. She reports a positive attitude toward the possibility of personal change, the value of therapy, and the importance of personal responsibility in completing homework assignments.

Ms. B. [redacted for public archive] has been compliant with all aspects of her treatment program. However, she is progressing at a slow rate due to the ongoing stressors related to her two assaults.

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6) Time required off work after each incident:
As a direct result of both incidents, Ms. B. [redacted for public archive] developed severe anxiety and depression. The severity of her symptoms would have negatively impacted her ability to work.

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7) Expected return to regular work duties:
Ms. B. [redacted for public archive] could potentially return to work on a gradual basis once she has learned some coping techniques to deal with the aftermath of the traumatic events and time to work on her depressive symptomatology.

If you have any questions or want more detail regarding our assessment results and treatment plan, please contact us.

Yours truly,

Lisa Schwartzman, MA, C.Psych Cand.
Behavior Therapist

Vivienne Rowan, Ph.D., C.Psych.
Supervising Clinical Psychologist

Cc: Ms. B. [redacted for public archive]

IMAGE 3 — *Assiniboine Psychological Group*

(June 7, 2007 letter)

THE ASSINIBOINE PSYCHOLOGICAL GROUP
[redacted for public archive]

Registered Clinical Psychologist
Vivienne C. Rowan, Ph.D., C.Psych.

Date: June 7, 2007
To: Ms. Elaine [redacted for public archive]
Re: Ms. B. [redacted for public archive]
Claim Number: 2006-610 and 2006-120

Dear Ms. Elliott,

Thank you for your letter of June 1, 2007 outlining questions regarding Ms. B. [redacted for public archive] treatment at our clinic. We trust that the following information is helpful in understanding her current level of functioning and our treatment recommendations.

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1) Subjective complaints:
Ms. B. [redacted for public archive] reports symptoms of anxiety and depression related to assaultive traumatic events. She fears being in open spaces and walking in the streets, feelings of being trapped or caught, and feeling suddenly scared for apparent no reason. She has flashbacks, disturbed sleep, poor concentration and difficulty making decisions, and avoids certain places or activities due to fear and anxiety attacks.

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2) Severity of symptoms:
Ms. B. [redacted for public archive] symptoms are in the severe range and have had a significant negative impact on her daily functioning.

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3) Any pre-existing psychiatric impairments:
None that we are aware of. Please contact Ms. B. [redacted for public archive] medical doctor for more information.

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4) Diagnosis:
When Ms. B. [redacted for public archive] began treatment she completed psychological measures of anxiety, depression, post traumatic stress disorder, and general psychological functioning. The outcome measures indicated that she meets the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for the following:

Axis I: Posttraumatic Stress Disorder (309.81) with secondary depression
Axis II: Deferred